

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 23 / 2014</div> </div>	

Full Name of Payee <b>Calhoun County Journal</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address PO Bo 278			Amount 392.92		
City Bruce	State MS	Zip Code 38915	Transaction ID : SE.4918		
Purpose of Expenditure Newspaper Advertisement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MS		
Calendar Year-To-Date Per Election for Office Sought		922.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Deer Creek Pilot</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address PO Box 398			Amount 315.00		
City Rolling Fork	State MS	Zip Code 39159	Transaction ID : SE.4919		
Purpose of Expenditure Newspaper Advertisement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MS		
Calendar Year-To-Date Per Election for Office Sought		1237.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	707.92
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 27 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
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Full Name of Payee <b>The Carthagian</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address PO Box 457		Amount 529.20	
City Carthage	State MS	Zip Code 39051	Transaction ID : SE.4912
Purpose of Expenditure Newspaper Advertisement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>The Enterprise-Tocsin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address PO Box 650		Amount 439.20	
City Indianola	State MS	Zip Code 38751	Transaction ID : SE.4920
Purpose of Expenditure Newspaper Advertisement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	968.40
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee <b>The Northside Sun</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address PO Box 16709		Amount 836.51	
City Jackson	State MS	Zip Code 39236	Transaction ID : SE.4921
Purpose of Expenditure Newspaper Advertisement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>The Wayne County News</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address PO Box 509		Amount 369.90	
City Waynesboro	State MS	Zip Code 39367	Transaction ID : SE.4922
Purpose of Expenditure Newspaper Advertisement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1206.41
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	2882.73

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